

AGENCY NAME: _____

CITY: _____ **ZIP:** _____

PROJECT NAME: _____

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

OBJECTIVES: (Specific, measurable changes you expect to accomplish. Objectives promise a solution or reduction of the problem.)

The first two are required as written. The others are to be developed and written for your community/agency needs.

1. Submit activity and expenditure reports each month, unless authorized by the UHSO.

2. Submit final report by November 15th

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

(Attach additional sheets if necessary)

METHODS: (These are “activities” you plan to do which will help accomplish the objectives.)

Activity #1: _____

Activity #2: _____

Activity #3: _____

Activity #4: _____

Activity #5: _____

Activity #6:

Activity #7:

Activity #8:

Activity #9:

Activity #10:

(Attach additional pages if necessary)

TIME LINE: (Date when objectives will be accomplished.)

EVALUATION: (How you plan to measure program accomplishments.)

BUDGET:

A. Proposed Budget for Highway Safety Funds

- | | | |
|----|--|----------|
| 1. | Personnel (salary/benefits) | \$ _____ |
| | Hourly rate/total hours: _____ | |
| 2. | Supplies and Operating (materials,
incentives, and other expenses | \$ _____ |
| | Items, quantity, unit cost: _____ | |
| | _____ | |
| | _____ | |
| 3. | Travel (lodging, per diem, mileage) | \$ _____ |
| | Explain: _____ | |
| | _____ | |
| 4. | Contractual Services (with other agencies) | \$ _____ |
| | List agencies: _____ | |
| | _____ | |
| | _____ | |
| 5. | Equipment | \$ _____ |
| | Items, quantity, unit cost: _____ | |
| | _____ | |
| | _____ | |

TOTAL PROPOSED HIGHWAY SAFETY BUDGET	\$ _____
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B. Estimated Agency (In-Kind) Contributions
(must be at least 25 percent of Highway Safety Funds)

- | | |
|---------------------------|----------|
| 1. Personnel | \$ _____ |
| 2. Supplies and Operating | \$ _____ |
| 3. Travel | \$ _____ |
| 4. Equipment | \$ _____ |

TOTAL AGENCY CONTRIBUTIONS	\$ _____
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When this form has been completed please submit it to the Utah Highway Safety Office by mail or fax. If you need assistance please call (801) 957-8570. Thank you.

Mail:

Highway Safety Office
Grant Proposal Team
3888 West 5400 South
Salt Lake City, UT 84118

Fax:

Highway Safety Office
Grant Proposal Team
(801) 957-8588